

**Certified Naturally Grown™
SUMMARY INSPECTION REPORT**

Farm Name: OWLS NEST PLANTATION

Grower(s) Name: DAVID HOWE

Inspector: WILL PARKER

Inspection Date: 05/21/06 **Total On-Farm Inspection Time:** 2 hrs

Please circle YES or NO and *initial* the line next to the question.

To the best of my abilities and based on my observations and interview with the grower(s), I feel confident in making the following declarations about the farm acreage the above grower wants to have listed as Certified Naturally Grown™:

I saw no evidence of prohibited insecticides, herbicides, fungicides or prohibited chemical fertilizer use: Agree / Disagree _____

The farmer is not irrigating from a water source that I know to be chemically contaminated: Agree / Disagree _____

The acreage under consideration looks to be surrounded by an adequate buffer to protect from chemical/spray drift contamination: Agree / Disagree _____

Farmer is careful to make sure that no genetically modified or chemically treated seeds are used on this acreage: Agree / Disagree _____

The Grower(s) demonstrates a commitment to sustainable agricultural practices that seek to maintain and increase the long-term fertility of soils and protect and conserve water resources: Agree / Disagree _____

I certify that to the best of my abilities, observations, and based on my personal interview with the grower(s), I feel confident in recommending that the above listed grower(s) and farm

be included **not be included** (*please circle one*)

in the Certified Naturally Grown™ program.

Will Parker
Signature of Inspector

May 29, '06
Date